

CLINTON FIRE PROTECTION DISTRICT

Application for Employment

Please circle which department(s) you are applying for

Fire or EMS

PERSONAL INFORMATION

TODAY'S DATE: _____

Last Name: _____ First Name: _____ M.I.: _____

Social Security Number (optional) _____ Driver's License#: _____

Present Address: _____ City: _____

State: _____ Zip Code: _____ Email (optional): _____

Day Time Phone Number: _____ Evening: _____

Are you an U.S. Citizen or an Alien Authorized to work in the United States? Yes [] No []

Date of Birth: _____ Gender: Male [] Female []

Are you a Veteran of the United States Military? Yes [] No []

Discharge Date/Type _____

Minimum requirements

All applicants- Valid Driver's License

Fire Department-

- *Fire 1 within one (1) year of employment*
- *Homeland Security Guideline 29 CFR1910.134(g) (1) (i) (A) 29 CFR1910 (g) (l) (i) (B)*
- *18 years of age*
- *Comply with all Clinton Fire Protection /Clinton Fire Department requirements.*
- *Applicant must also comply with all State of Wisconsin requirements to perform firefighter duties.*
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Emergency Medical Technician-

- *Valid Wisconsin State License with one (1) year of employment*
- *National Registry License and be willing to contest for a state of Wisconsin License*
- *Valid Health care provider CPR Card*
- *18 years of age*
- *Comply with all Clinton Fire Protection District/ Clinton EMS requirements*
- *Requirements comply with all local medical control EMS requirements.*

All training to be provided, and paid for by the Clinton Fire Protection District.

Have you ever been charged with a felony? Yes [] No [] * Includes traffic violations.

If yes Please describe!

Offense	Date	Municipality	Result

Have you been convicted of a misdemeanor? Yes [] No [] *includes traffic violations

Offense	Date	Municipality	Result

Do you have a juvenile record? (Optional) Yes [] No []

Education

<u>Name of school</u>	<u>Course of study</u>	<u>Degree/diploma</u>	<u>Year</u>

Work Experience

Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Zip: _____ Job Title: _____ Name of Supervisor: _____

Dates of Employment: From: _____ To: _____

Duties Performed: _____

May we contact this employer? Yes [] No []

Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Zip: _____ Job Title: _____ Name of Supervisor: _____

Dates of Employment: From: _____ To: _____

Duties Performed

May we contact this employer? Yes [] No []

Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Zip: _____ Job Title: _____ Name of Supervisor: _____

Dates of Employment: From: _____ To: _____

Duties Performed

May we contact this employer? Yes [] No []

Personal References

Name	Phone#	Address	Relationship

Please answer by circling yes or no:

- | | | |
|---|------|--------|
| 1) Are you able to climb? | Yes | No |
| 2) Are you capable of driving a large truck or ambulance? | Yes | No |
| 3) Will your employer allow you to leave work to attend a fire? | Yes | No |
| 4) Will you be able to attend Firefighter 1 class within one year of hire date? | Yes | No |
| 5) Will you be able to maintain a minimum number of training hours? | Yes | No |
| 6) Are you willing to become a licensed Emergency Medical Technician?
(If you live within the 5 mile radius) | Yes | No |
| 7) Are you willing to attend all meetings? | Yes | No |
| 8) Do you work days or nights? | Days | Nights |
| 9) Are you willing to chair a fund raising committee? | Yes | No |
| 10) Have you ever used a SCBA? | Yes | No |

I certify that the statements contained within this application are correct and true. I authorize the investigation of all statements contained herein and the references listed above to give you and all information concerning my present and previous employment and pertinent information they have personal or otherwise, and release all parties from liability for any damage that may result from furnishing the same to you. I understand that if hired my employment is for no definite period of time and that my employment may be terminated at any time at the discretion of Clinton Fire District Fire Chief or the Clinton EMS Board of Directors. I understand that this application will remain active for no longer than 365 days from the date the application is dated. I further understand that due to the nature of the business of the Clinton Fire Protection District criminal activity may lead to disqualification of this application from consideration of employment.

Print Name: _____

Signature: _____

Date: _____

THE CLINTON FIRE PROTECTION DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER.

CLINTON FIRE PROTECTION DISTRICT
CONDITIONS OF EMPLOYMENT

PLEASE CHECK THE PARAGRAPH(S) THAT BEST SUITS YOU.

I live within the Clinton Fire Protection District. I understand that during my 12 month probation I am required to attend general Fire/or EMS department training held each month. I understand that I am required to obtain State of Wisconsin Firefighter 1 /or EMT License within one (1) year of employment. I also understand that after my probation I am expected to attend meetings to fulfill my requirements per the by-laws of the Clinton Fire Protection District, I may be subject to progressive disciplinary action, up to and including termination of employment.

I do not live within the Clinton Fire Protection District. I understand that during my 12 month probation I am required to attend general Fire/or EMS department training held each month. I understand that I am required to obtain State of Wisconsin Firefighter 1 /or EMT License within one (1) year of employment. I also understand that after my probation I am expected to attend meetings to fulfill my requirements per the by-laws of the Clinton Fire Protection District, I may be subject to progressive disciplinary action, up to and including termination of employment.

I live within the Clinton Fire Protection District. I work nights and understand that I will attend daytime practices to maintain my requirements per the by-laws of the Clinton Fire Protection District. I also understand that if I do not fulfill my requirements per the by-laws of the Clinton Fire Protection District, I may be subject to progressive disciplinary action, up to and including termination of employment.

By signing this form I am agreeing that I will give the Clinton Fire Protection District three (3) years of service, starting after the time of receiving my Certification/ or Licensure. If three (3) years of service are not given, you will be responsible for all accrued cost involved in taking the classes.

I understand that if the Clinton Fire Protection District selects me for employment, I will be expected to fulfill my condition of employment that I have selected above. If I do not fulfill my condition of employment I will face progressive disciplinary action up and including termination of employment. I further understand that I may have my probation period extended for any reason that the Fire Chief / or EMS Board of Directors deems necessary.

NAME: _____

Signature: _____ Date: _____

CLINTON FIRE PROTECTION DISTRICT

BACKGROUND INVESTIGATION

WAIVER AND LIABILITY RELEASE

In consideration of the Clinton Fire Protection District processing my application for employment,

I, _____, do hereby irrevocably agree to the following:

- 1) I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment.
- 2) I understand that the background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the Clinton Fire Protection District, in its sole discretion, may deem appropriate, including: military, criminal, driving or other governmental files and records; past or present employers, schools, friends, relatives, or acquaintances; and any other sources of information available.
- 3) I hereby release from liability and agree to hold harmless under and all possible causes of legal action, including negligence, the Clinton Fire Protection District or any of its officers, agents or employees for any negligent or wrongful statements, act, omissions made or recorded in the course of my background investigation.
- 4) I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, any person or entity which furnishes information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.
- 5) I authorize any person or entity contacted by the Clinton Fire Protection District, during the course of my background investigation, to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privileges I may have.
- 6) I understand the need for confidentiality of sources and information in my background investigation, and I agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the Clinton Fire Protection District. This release applies to any cause of action of any nature that might accrue to me, my heirs and assigns or personal representatives.
- 7) I understand if in case of accident or injury to myself, I am required to take a drug test or alcohol test immediately.

BE SURE YOU HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

PRINT FULL NAME: _____
Current address: _____
Social security Number: _____ Birthdate: _____
Signature: _____ Date: _____